

## SAU Foundation Annual Award Agreement

<b>Date:</b>	
<b>Donor:</b>	<b>Name:</b> <b>Address:</b> <b>City State Zip:</b> <b>Phone:</b> <b>Email:</b>
<b>Name of Pass-Through Award</b>	
<b>Criteria</b>	<input type="checkbox"/> <b>Need</b> <input type="checkbox"/> <b>GPA</b> _____ <input type="checkbox"/> <b>Class level</b> _____ <input type="checkbox"/> <b>Other</b> _____
<b>Amount of Award:</b>	\$ _____
<b>Length of Award</b>	<input type="checkbox"/> <b>One Semester</b> <input type="checkbox"/> <b>One Year</b> <input type="checkbox"/> <b>As long as student meets criteria</b> <input type="checkbox"/> <b>Other</b> _____
<b>Initial Award</b>	
<b>The recipient of this award is to be decided by</b>	<input type="checkbox"/> SAU Scholarship Committee <input type="checkbox"/> The Faculty of _____ <input type="checkbox"/> Other: _____
<b>Custody of the Funds</b>	<input type="checkbox"/> Donor understands that funds will be in the permanent custody of the SAU Foundation.

\_\_\_\_\_  
 President of SAU, Foundation Chair, or  
 Executive Director of SAUF

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Contributor

\_\_\_\_\_  
 Date